Proceeditioner's Docket No. 42982 C3-CPA-C

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Goldin et al.

Serial No.:

09/637,512

Group No.:

1621

ECH CENTER 1660/2000

Filed:

August 11, 2000

Examiner:

Peter G. O'Sullivan

For:

THERAPEUTIC GUANIDINES

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES (37 C.F.R. 1.191)

		•			
NOTE:		be based on one rejection in a prior application and one rejection in a continuing application. Notice of $F.R.\ 53131$, at 53167 .			
NOTE:	1007 (2) F.D. 52121 52167				
June		eby appeals to the Board from the decision of the Primary Examiner, mailed, finally rejecting claims25-27 and 29-31			
	The item(s) ch	necked below are appropriate:			
1.	STATUS OF	APPLICANT			
	This application	on is on behalf of			
_	[]	other than a small entity.			
	[X]	a small entity. A statement: [] is attached. [X] was already filed.			
I hereby	certify that, on the	CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a)) date shown below, this correspondence is being:			

MAILING

deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Date: 11/17/03

11/24/2003 AWDNDAF1 00000100 09637512

01 FC:2401 02 FC:2252 165.00 OP 210.00 OP

FACSIMILE

transmitted by facsimile to the Patent and Trademark Office.

Signature

Deanna M. Rivernider

(type or print name of person certifying)

2.	FEE FOR FILING NOTICE OF APPEAL					
•	Pursuant to 37 C.F.R. 1.17(b), the fee for filing the Appeal Brief is:					
		[X]	small entity		\$165.00	
		[]	other than a small entity	/	\$330.00	
	Notice of Appeal fee due \$ 165.00					
3.	EXTENSION OF TERM					
NOTE:	The time periods set forth in 37 C.F.R. 1.191 are subject to the provision of § 1.136 for patent applications. 37 C.F.R. 1.191(d). (But see 37 C.F.R. 1.645 for extension of time in interference proceedings and 37 C.F.R. 1.550(c) for extension of time in reexamination proceedings).					
			(complete (a) or (b),	as applicable)	
•	The proceedings herein are for a patent application and the provisions of 37 C.F.R.1.136 apply.					
s	(a) [X] Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for the total number of months checked below:					
		Extens (month		Fee for small en	other than ntity	Fee for small entity
	[]	one mo		\$ 110.		\$ 55.00
	[X]	two me		\$ 420.0		\$ 210.00
	[]	three n		\$ 950.0		\$ 475.00
	l J	ioui iii	onins	\$1,480.	00	\$ 740.00
				Fee \$ _	210.00	
If an ad	lditional	extensio	on of time is required, plea	ase consi	der this a petition therefo	r.
(check and complete the next item, if applicable)						
	(a)	[]	An extension for therefor of \$ of extension now reques	is d	onths has already been seducted from the total fe	secured, and the fee paid e due for the total months
	Extension fee due with this request \$ 210.00 . or					
	(b)	(b) [] Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.				

4.	TOTAL FEE DUE	۸,					
	tal fee due is:	TECEIVE					
į	Notice of Appeal fee \$ 165.00 Extension fee (if any) \$ 210.00 TOTAL FEE DUE \$ 375.00	RECEIVED TECH CENTER 1600/2900					
5.	FEE PAYMENT						
	[X] Attached is a check in the sum of \$ [] Charge Account No the A duplicate of this transmittal is attached.						
6.	FEE DEFICIENCY						
NOTE:	deficiency is noted and corrected, the application is included, processing delays are encountered in resurcharges prior to action on the cases. Authorization to See the Notice of April 7, 1986, 1065 O.G 31-33.	tion to charge an account, additional fees are necessary to cover the deficiency. If the maximum, six-month period has expired before the held abandoned. In those instances where authorization to charge is ming the papers to the PTO Finance Branch in order to apply these charge the deposit account for any fee deficiency should be checked be is required, this is a request therefor and to charge					
	AN	ND/OR					
	[X] If any additional fee for claims is re	quired, charge Account No. 04-1105 SIGNATURE OF PRACTITIONER					
Reg. No	. 33,860	Peter F. Corless (type or print name of practitioner)					
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Custome	er No.	Boston Massachusetta 02200					